

RETAIL FOOD OFFICIAL INSPECTION REPORT COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH 5050 Commerce Drive, Baldwin Park, CA 91706

Public Health

@d kep ww.publichealth.lacounty.gov/eh

| cility Name: Inspection Date: | | | | | | | | | | | | | | |
|---|----------|----------|-------|--------|----------------|---|--|------------|------------------|------------------------|--------------|----------|----------|---------|
| | | | | | | | | | | - | | | ility St | atus |
| Owner/Permittee: Address: City/Zip: | | | | | | | | | | Re-inspection Date: | | | | |
| Address: | Phone #: | | | | | Score | : | | | | | | | |
| Email Address: | | | | | Ema | ail Add | ress: | | | | - - | | Grade | |
| EHS: | | | | | | | | Time I | n: | Time Out: | | | Graue | |
| EH Office Number: | | | | | Prog | gram I | dentifier: | | | | | | | |
| Cartifical Food Dustration Manager | | | | | | | | | I | | _ | | | |
| Certified Food Protection Manager: | | | | | | | | | Service: | | | | | |
| Expiration Date: | | | | | PE: | | | | Result: | | | | | |
| | | | | | | | | | Action: | | ⊥ L | | | |
| n = In compliance N/A = Not applicable N/O = Not obser | ved | С | OS = | Cor | recte | d on-s | site OUT = Items r | not in c | ompliance | Maj = Major viola | ition | Min = | Minor Vi | olation |
| CRITICAL RISK FACTORS | | | | | | | | _ | | TAIL PRACTIC | | | | |
| The following pose a threat to public health and must be con | rrect | ed in | nmedi | ately. | | UT | | Prevent | | that can reduce food | borne | illness. | | |
| EMPLOYEE HEALTH, HYGIENE & KNOWLEDGE | | N/A | N/O | cos | OUT Maj Min | | SUPERVISION | | | | | | | OUT |
| 1a. Demonstration of knowledge | | | | | iviaj | 2 | 24. Person in charge 25. Personal cleanli | | | | | | | 1 |
| 1b. Food safety certification | | | | | | 2 | | | | AFETY REQUIRI | | MTC | | 1 |
| Communicable disease; reporting, restrictions & exclusions | | | | | 4 | | | | | | | INIO | | |
| 3. No discharge from eyes, nose and mouth | | | | | | 2 | 26. Approved thawir 27. Food separated | | | en 1000 | | | | 1 |
| 4. Proper eating, drinking or tobacco use | | | | | | 2 | 28. Washing fruits a | | | | | | | 1 |
| PREVENT CONTAMINATION BY HANDS | | Π | | | | | 29. Toxic substance | | | ored and used | | | | 1 |
| 5. Hands clean and properly washed; proper glove use 6. Adequate hand washing facilities: supplied and accessible | | | | 4 | 2 | | FOOD STORAGE/DISPLAY/SERV | | | | | | | |
| TIME AND TEMPERATURE RELATIONSHIP | | | | | | | 30. Food storage; fo | | | | | | | 1 |
| 7. Proper hot and cold holding temperatures | | | | | 4 | 2 | 31. Consumer self s | | go comamoro | idontinod | | | | 1 |
| 8. Time as a public health control; procedures & records | | | | | 4 | 2 | 32. Food properly la | beled & | honestly prese | ented | | | | 1 |
| 9. Proper cooling methods | 4 | | | | 4 | 2 | | EQ | UIPMENT/L | JTENSILS/LINE | NS | | | |
| 10. Proper cooking time and temperature | | | | | 4 | | 33. Nonfood-contact | t surface | s clean | | | | | 1 |
| 11. Proper reheating procedures for hot holding | _ | | | | 4 | | | | | ned, used; test equipr | nent | | | 1 |
| PROTECTION FROM CONTAMINATION | | | | | | 1 | 35. Equipment/utens | sils appro | oved; installed | ; good repair; capacit | у | | | 1 |
| 12. Returned and re-service of food | | | | | 2 | 36. Equipment, utensils and linens: storage and use | | | | | | | 1 | |
| 13. Food in good condition, safe and unadulterated | | | | | 4 | 2 | 37. Adequate ventila | | | | 1 | | | |
| 14. Food-contact surfaces: clean and sanitized FOOD FROM APPROVED SOURCES | | | | 4 | 2 | 38. Thermometers p | | | | 1 | | | | |
| | | | | | | ٦. | 39. Wiping cloths; pr | roperly u | | | | | | 1 |
| Food obtained from approved source Compliance with shell stock tags, condition, display | | | | 4 | 2 | PHYSICAL FACILITIES 40. Plumbing; fixtures, backflow devices, drainage | | | | | | | | |
| 17. Compliance with Gulf Oyster Regulations | | | | | | 2 | | | | | | | | 1 |
| ADDITIONAL CRITICAL RISK FACTORS | | <u> </u> | | | l | | 41. Garbage/refuse | | | | | | | 1 |
| 18. Compliance with variance, specialized processes & HACCP | | | | | | 2 | 42. Toilet facilities: p | | | | | | | 1 |
| 19. Consumer advisory provided for raw/undercooked food | | | | | | 2 | 43. Premises; perso 44. Floors, walls and | | - | | | | | 1 |
| 20. Licensed health care facilities/public & private schools: | | | | | 4 | | 45. Sleeping quarter | | . Duiit, maintai | illed alld cleari | | | | 1 |
| prohibited foods not offered 21. Hot and cold water available | | | | | | 2 | To: Glooping quartor | <u> </u> | SIGNS/RF | QUIREMENTS | | | | - |
| 22. Sewage and wastewater properly disposed | | | | | 4 | 2 | 46. Signs posted; last inspection report available | | | | | | | 1 |
| 23. No insects, rodents, birds or animals present | | | | | 4 | 2 | 47. Permits available | | don report ave | and blo | | | | 1 |
| 20. He modele, readine, shad of animale procent | | | 001 | | ı | | | | | | | | | |
| | | | COV | /IPLI | ANC | | NFORCEMENT | | | | | | | 0.17 |
| 48 Plan ravious | | | | | | OU ⁻ | | VC O D | | | | | | OUT |
| 48. Plan review 49. Sample collection | | | | | | - | 50. Impoundment / | | | | | | | _ |
| By signing below the Person in Charge/Owner under | rsta | nds | s the | abo | ve n | oted | <u> </u> | | ments on t | he back of this | form | 1. | | |

EHS Signature

PIC/Owner Signature